



# APPLICATION FOR FUNDING FROM EDUCATION AND ENFORCEMENT FUND

## CRITERIA FOR FUNDING

The evaluation of each funding request will be based upon the following:

1. Previous experience based on cost per-attendee and current cost estimates.
2. Correlation between the educational content and the Board's educational objectives for the applicable year.
3. Correlation between the educational content and the course objectives.
4. The number of students, the hours of instruction and the ratio of students per dollar to be spent for the education.
5. The location or region of the state for which the education will be targeted.
6. The percentage of the education being paid for by the student and the Education and Enforcement Fund.

## APPLICATION INSTRUCTIONS

1. All applications for funding must be made by completing and submitting the Division's APPLICATION FOR FUNDING FROM EDUCATION AND ENFORCEMENT FUND form. Applicants may submit it via FAX at (801) 530-6511, via email at [doplureau3@utah.gov](mailto:doplureau3@utah.gov), or via regular mail to:

DOPL Bureau 3  
PO Box 146741  
Salt Lake City UT 84114

2. It is recommended that applications be submitted at least 60 days in advance. If it is not received 15 days prior to the next scheduled Board meeting, the request will not be placed on the agenda for consideration. Any request not considered by the Board and approved prior to the event will not be approved for funding.
3. Applications should request reimbursement for educational related items listed on the top of page 3.
4. Applications submitted will be reviewed and considered by the Board and Division on a case-by-case basis. Once an application is received, the applicant will be contacted by the Division for the purpose of scheduling an appointment for the applicant to meet with the Board.
5. After the Board and Division review the application, it is submitted for final approval by the Exexutive Director of the Utah Department of Commerce. The Division will then send a letter to the applicant advising them of funding approval or denial. If funding is approved, any materials related to the program or course should include the following notice.

***Partial funding for this educational opportunity has been provided by the Utah Department of Commerce, Division of Occupational and Professional Licensing and the Educational and Enforcement Fund.***

6. After the training, review and submit the "REQUEST FOR REIMBURSEMENT FORM" to the Division. Attach original receipts of all expenses for which you are requesting reimbursement. You may

submit the form and attached documentation via fax at (801) 530-6511, via email at [doplureau3@utah.gov](mailto:doplureau3@utah.gov), or via regular mail to the following mailing address:

DOPL Bureau 3  
PO Box 146741  
Salt Lake City UT 84114

7. If all necessary documentation is submitted, you will receive your reimbursement check from the State of Utah within 6-8 weeks of the Division's receipt of the request.



**State of Utah**  
**DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING**

160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone (801) 530-6628  
[www.dopl.utah.gov](http://www.dopl.utah.gov)

**APPLICATION FOR FUNDING FROM EDUCATION AND ENFORCEMENT FUND**

<input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Land Surveyor <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Geologist	<input type="checkbox"/> <b>New Funding Request</b> - Requests should be submitted 60 days in advance of the program date. <input type="checkbox"/> <b>Additional Funding Request</b> - Requests should be submitted 60 days in advance of the program date.
---	---

*(Note: Microsoft Word users can fill in the blanks, print the form and save it for their records)*

Requesting Organization:		Federal I.D. Number:	
Contact Person:		Phone #:	
Mailing Address:		E-Mail:	
City:		State:	ZIP:
Function Title:		Amount Requested: \$	
Dates of Training - From:	To:	Location:	
Number of Classroom Hours:	Level of Curriculum:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Professional
Expected Number of Attendees:		<input type="checkbox"/> Novice	<input type="checkbox"/> Expert
<input type="checkbox"/> Mid level			
Summary of Training Objectives:			
Please provide information for <u>each course</u> being taught in the training. <i>(Attach additional pages if necessary.)</i>			
Course Description:			
Describe how the training relates to the education goals of the Architect Board for the current year:			
Text(s) to be used:			
Lead Instructor:		Phone #:	
Street Address:		E-Mail:	
City:		State:	ZIP:

**ITEMS QUALIFYING FOR STATE FUNDING**

Reimbursement will only be for educational expenses that qualify for state funding. Please note that **Code Books** will not qualify.

**The following is a list of qualifying items:**

Code analysis and code update books being used in the education  
Workbooks, Study Guides, or Textbooks used in the education  
Instructor fees (national and local)  
Instructor travel and meals  
Printing  
Brochures  
Meeting rooms  
Audio and visual equipment and rentals  
Mailing and postage

**BOARD ACTION**

Date:	<input type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable	Amount Recommended: \$
-------	--	------------------------

Reason:

**DEPARTMENT OF COMMERCE ACTION**

Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Amount Approved: \$
-------	--	---------------------

Bureau Manager:	Date:
-----------------	-------

Division Director:	Date:
--------------------	-------

Department Director:	Date:
----------------------	-------



**State of Utah**  
**DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING**

160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone (801) 530-6628  
[www.dopl.utah.gov](http://www.dopl.utah.gov)

**APPLICATION FOR FUNDING FROM EDUCATION AND ENFORCEMENT FUND  
WORKSHEET**

Function Title:	
Dates of Training - From:	To:

<b>PROJECTED TRAINING REVENUE</b>		
Funding Participants <i>(excluding DOPL)</i>		
Jurisdiction:		\$
Organization/Association:		\$
Individual:		\$
Other:		\$
Other:		\$
Other:		\$
Other:		\$
Other:		\$
Registration Fee: \$	Number of Attendees:	Total \$
<b>Total Training Revenue Anticipated</b>		\$
Portion of Registration fees for Non-Reimbursable Expenses <i>(Code books, Breaks, etc.)</i>		(\$ )
Portion of Registration to be Applied Against Education Costs		(\$ )
<b>Balance of Anticipated Revenue</b>		\$

<b>PROJECTED TRAINING EXPENSES</b>		
Item/Description:		\$
Item/Description:		\$
Item/Description:		\$
Item/Description:		\$
Item/Description:		\$
Item/Description:		\$
Item/Description:		\$
Item/Description:		\$
Item/Description:		\$
Item/Description:		\$
<b>Total Reimbursable Expenses</b>		\$
Portion of Registration to be Applied to Educational Cost		(\$ )
<b>Total Anticipated Reimbursement Request</b>		\$

I hereby verify under penalty of perjury, that any funds requested from the State of Utah are not being reimbursed from any other source.

\_\_\_\_\_  
Name of Authorized Representative (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature



**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING**

160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone (801) 530-6628  
[www.dopl.utah.gov](http://www.dopl.utah.gov)

**TRAINING EVALUATION FORM**

Date:	Class Title:
Sponsoring Organization:	Location:
Instructor (s):	

Please check the answer to the right indicating your response to evaluate this training program	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the instructor have the knowledge and experience to teach this program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were appropriate training handouts or workbooks provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you recommend further courses on this subject?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you recommend this instructor for other courses?
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	Please provide your evaluation of this instructor.
Comments or Suggestions:	

Thank you for your help.

***NOTE:** Completion of this form is **required** in order for the Sponsoring Organization to obtain reimbursement for the training provided from the State of Utah, Department of Commerce, Division of Occupational and Professional Licensing Education and Enforcement Fund.*



# State of Utah

## DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone (801) 530-6628  
[www.dopl.utah.gov](http://www.dopl.utah.gov)

### REQUEST FOR REIMBURSEMENT FORM

Requesting Organization:		Federal I.D. Number:		
Contact Person:		Phone #:		
Mailing Address:		E-Mail:		
City:	State:	ZIP:		
Function Title:		Amount Requested: \$		
Dates of Training - From:	To:	Location:		
I hereby verify that I/we provided the educational program for which we have previously obtained approval for and obtained pre-approval from the Division and that we provided the program as outlined in our original submittal except for the following changes: <i>(Please identify below any changes that have been made in subjects, dates, locations or instructors.)</i>				
<b>Please identify the information required below.</b> (Attach additional pages if needed.)				
Title/Subject	Date(s)	Location(s)	# Hours of Session	# Attendees
We are requesting reimbursement for the following costs which we have incurred and for which we have attached the original receipts.				
Instructor Fees and Travel/Meals				\$
Instructor Names:				
Textbooks, Workbooks, Code Update Books				\$
Title(s):				
Facility Name and Cost				\$
Audio Visual Equipment				\$
Printing				\$
Postage and handling				\$
Other – Describe:				\$
<b>Total Educational Expenditures</b>				\$
Deduct portion of registration fees applied to educational costs				(\$ )
<b>Balance/Total Reimbursement Request:</b>				\$

I hereby verify that these expenses have been paid by our organization and that we have received no other reimbursement for these expenses from any other source.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Federal I.D. Number

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Authorized Representative *(Please Print)*

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature